

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022487

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

FILED JUL 9 1962  
Dunklinb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN KennettLength of stay in lb  
DOA

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Dunklin

c. CITY OR TOWN Kennett Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Dunklin Co. Mem. Hosp.Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
306 N. Everett Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

EARL

Middle

(NMI)

Last

SUTTON

4. DATE OF DEATH

Month July

Day 2

Year 1962

## 5. SEX

Male

## 6. COLOR OR RACE

Caucasian

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

2/11/96

## 9. AGE (last birthday)

66

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Mail Truck Driver10b. KIND OF BUSINESS OR INDUSTRY  
Transportation11. BIRTHPLACE (City and state or country)  
Puxico, Missouri12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Joe Sutton

## 13b. MOTHER'S MAIDEN NAME

Martha

## 14. NAME OF HUSBAND OR WIFE

Sylvia Sutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Sylvia Sutton

Address Kennett Missouri

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH  
one hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Arteriosclerosis

5 years

DUE TO (c)

Generalized Arteriosclerosis

unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7/2/1962 to 7/2/1962 and last saw him alive on 7/2/1962  
Death occurred at 8:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Decede or title)

22b. ADDRESS

Kennett, Missouri

22c. DATE SIGNED

7/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

7-3-1962

Dunklin Co. Memorial Gans.

Kennett, Missouri

F. FUNERAL DIRECTOR

Emerson's Baldwin Funeral Home

24. DATE RECD. BY LOCAL REG.

25. REGISTRAR'S SIGNATURE

Kennett, Missouri

July 5-1962 Earl J. Hunsman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/596355  
20355

3

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94201

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1292-0

135-0

70810 1 100 SA

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John T. Emerson

Licensed Embalmer No. 5148

P. O. Address Kennett, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.